CHILD HEALTH FORM TO BE COMPLETED BY PARENT OR GUARDIAN:

WE/I GINDTURE OF PARENTICUARDIAN ON THE ABOVE CHILD. PLEASE RETURN TO: NAME OF CHILD CARE PROGRAM	CHILD'S LAST NAME				FIRST NA	ME			M.I	DOB: M	O DA	Y YEAR
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URINE

LEAD

NOT APPLICABLE

NOT APPLICABLE

HEALTH ASSESSMENT: (TO BE COMPLETED BY LICENSED HEALTH PRACTITIONER) PHYSICAL EXAM: LENGTH/HEIGHT WEIGHT HEAD CIRCUMFERENCE **BLOOD PRESSURE** LB/KG %ILE IN/CM %ILE IN/CM %ILE 1 NOT EXAMINED NEEDS FOLLOW-UP NEEDS NOT NORMAL ABNORMAL FOLLOW-UP CHECK () EACH LINE EXAMINED NORMAL ABNORMAL CHECK () EACH LINE NOSE, THROAT. SKIN/SCALP MOUTH **TEETH & GUMS** NUTRITION GLANDS INC. **NEUROLOGY & THYROID** MUSCULAR CHEST. **ORTHOPEDIC & BREASTS** SPINE HEART, LUNGS EYE ABDOMEN **EARS GENITALIA** SPEECH TEMPERAMENT: EASY-GOING AVERAGE DIFFICULT COMMENTS: ALLERGIES: INCLUDE ALLERGIES TO FOOD, MEDICATION, OR OTHER SUBSTANCES: ASSESSMENT OF PHYSICAL DEVELOPMENT: A. ESTIMATE OF LEVEL OF MATURATION: MID: LATE: A. INFANCY (0-2 YEARS) EARLY: EARLY: LATE: MID: B. MID-PRESCHOOL (2-4 YEARS) MID: LATE: EARLY: C. PRESCHOOL (4 YEARS) MID: D. SCHOOL-AGE (6-10 YEARS) EARLY: LATE: E. ADOLESCENT (11-18 YEARS) EARLY: MID: LATE: COMMENTS **B. ESTIMATE OF FUNCTIONAL CAPACITY:**

	DELAYED FOR DEVELOPMENT PHASE	CONSISTENT WITH DEVELOPMENT PHASE	ADVANCED FOR DEVELOPMENT PHASE	COMMENTS:
GROSS MOTOR:				
FINE MOTOR:				
LANGUAGE SKILLS:		3		
SOCIAL SKILLS:				
EMOTIONAL:				

PHYSICIAN'S SIGNATURE:	DATE OF EXAM:			
PHYSICIAN'S NAME - TYPED OR PRINTED	TELEPHONE NUMBER			
DATE OF NEXT SCHEDULED EXAM:				